SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Staffigh (Redelived)

TO 102016

Refund: Permit #: Amount Paid: 11-15-16 10-018

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Address of Property: TYPE OF PERMIT REQUESTED - LAND USE SA 30875 Contractor: Authorized Agent: K PROJECT LOCATION Section _1/4, <u>ي</u> 2 Susperini Legal Description: (Use Tax Statement) 141 Signing Application , Township ZA SI COM 5 on behalf of Owner(s)) N, Range 05 Lot(s) SANITARY | PRI 201 Jones Contractor Phone: ٤ Tax ID# (4-5 digits) Agent Phone: 1159 30986 ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ddress:

Gity/State/Zip: V.7/P.191 Plumber: Washburn Agent Mailing Address (include City/State/Zip): 30 Lat(s) No. 54891 Washburn Block(s) No. Recorded Deed (
Document #: 1 E B.O.A. D. Telephone: Written Authorization
Attached
Pes D No
d (i.e. # assigned by Register of Deex Plumber Phone: 4.880

		00,00	` 		· 		Value at Time of Completion * include donated time & material	X Non-Shoreland	☐ Shoreland —▶	
	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	🛚 New Construction	Project	THE TAX PROPERTY OF THE TAX PARTY OF TAX PARTY OF THE TAX PARTY OF TAX PARTY	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —
	✗ Foundation	💢 No Basement	☐ Basement	. 2-Story	· □ 1-Story + Loft	X 1-Story	# of Stories and/or basement		1 1000 feet of Lake, Pon If y	n 300 feet of River, Strea of Floodplain?
		is .			X Year Round	□ Seasonal	Use		Pond or Flowage If yescontinue —	itream (ind. Intermittent)
		X None		□ 3	□ 2	□ 1	# of bedrooms		Distance Stru	Distance Stru
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	□ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type: Mayar	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline : feet
		tract)	Ited (min 200 gallon)	fy Type:	ty Type: Mound		e of y System perty?		□ Yes	Is Property in
	<u> </u>				x Well	☐ City	Water		□ Yes	Are Wetlands Present?

Proposed Use 🗸 Proposed Structure	Proposed Construction: Length: 40	Existing Structure: (if permit being applied for is relevant to it) Length:
	Width: 3C	width:
D	30	
imensions	Height:	Height:
Square Footage	12-1	

Proposed Use	•	Proposed Structure	Dimensions	Square Footage
111111111111111111111111111111111111111		Principal Structure (first structure on property)	(x)	A-LEHERT A-LEHE VIEW PROPERTY
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(x)	
M Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(x)	
		with a Deck	(X)	
		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
I		Addition/Alteration (specify)	(x)	
Municipal Use	X	Accessory Building (specify) Auroge	(30 × 40)	1200
-		Accessory Building Addition/Alteration (specify)	(x)	
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(x)	
		Other: (explain)	(x)	

I (we) declare that this a am (are) responsible for may be a result of **Bayt** above descrit**ed** proper FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES In ormation) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yof all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept fiability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the -9-6

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this

Address to send permit

Owner(s): (If therefare

the Deed All Owner

sign or letter(s) of authorization must accompany this application)

Date

Date

Copy of Tax Statement recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

356 SCALE = ELEVATIONS BM 100.00 ft 30875 GASPERIMI GOAD Los 3 cand 1159, vol. 7 p.191 13 1 97. 60 ft May, SC 14, Sec. 25, Typn, B SW ß) 97.17 FE Town of Washburn, Bayfield County Pal. 04-050-3-49-05-35-4 01-069-3000 6 **3**3 97.80 ft Property Queen Jonnifer Toribio-Warren 301 Sonda Ad BM = wail on Aibbogn, in 16" Pappe 19043 BM, soudited PRELA 97.00 ఎ.5% 83 🗉 WasT **8** 8₁. 5071 93.oo 99.00 Proposad 2 Bdom Dwelling 28 East 80fT Trous Butterfield PP8688 145 ACCESS EASEMENT 620 320.97fT. ادر ن